

refrain from imposing excessive burdens at the end of one's life on family or friends. On the global scale, Battin invites us to consider a huge international deal to be struck between the wealthy First World and the developing Third World. Backed by figures on life expectancy in different countries and by some financial information, Battin is persuasive in identifying the wrong of excessive, expensive life-prolonging health care in a world where basics such as clean water, inexpensive vaccines, and ordinary family planning and reproductive health care are unavailable to so many. In short, "we ought to die sooner so they could live longer". But this is only a part of the deal. The two other necessary elements are a) mechanisms to convey the savings from a person's earlier death in the First World to fund health care and related measures that would increase life expectancies in the Second and Third Worlds and b) the identification of the health-related obligations of people in the Third World to those in the First. We insist, for instance, that the rain forest ought not to be cut down, that the sea and the air should not be polluted in the way that happened in the developed world's early industrial development and that nuclear weapons should not proliferate. Although it is acknowledged that this line of argument depends on the future existence of effective international redistributive structures, our attention is drawn to this as a lack of vision, a lack of political will rather than a flawed argument. As Battin hoped, the deal outlined did strike this reviewer as more of a real challenge to our moral selves than a silly thought experiment.

Of the subsequent eleven chapters, each written by a different author, six are sympathetic to the claim that there is a duty to die. At the national level it is suggested that public policy could achieve significant redistribution of resources and at the family level, emotional as well as financial burdens might be reduced.

At least three contributors cast doubt on the existence of a duty to die and one (Tong) argues that it is not even safe to posit such a duty, given societal inequalities which might make any imposition of such a duty unfair. Having been taken on an interesting and for the most part well-written tour of this question, in the last two chapters a somewhat diluted and perhaps more plausible conclusion is offered; that although we may not have a duty to die, sometimes we do not

have the right to something which is necessary to sustain our lives. Spelcey suggests a duty more akin to a debt of gratitude, which might be owed, but which it would be improper to demand. This book, the seventeenth annual volume of "Biomedical Ethics Reviews", achieves its aim of discussing in an accessible, enjoyable and informative way a question of importance to most of us.

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Recovering the Nation's Body

Linda F Hogle, New Brunswick, Rutgers University Press, 1999, 241 pages, US\$22.00 (pb).

Drawing upon the disciplines of bioethics, anthropology and politics, Linda F Hogle examines the use of human body parts for transplantation and research in modern Germany. She focuses on German attitudes to organ transplantation and the fears expressed by doctors and the public regarding utilitarian justification of the use of body parts taken from the vulnerable to benefit others.

In modern Germany, argues Hogle, organ transplantation and practices relating to the use of human body parts have developed under the shadow of the history of medicine during National Socialism. This can be seen in the recent controversy over brain death, where the spectre of "lives not worth living" has been invoked in the context of decisions to declare death and authorise removal of body parts. Ethical tensions were also revealed following the unification of East and West Germany: the former Eastern state regarded human bodies as state property and the Western state endorsed the opportunities for profit-based medicine.

In the first part of the book Hogle discusses various cultural meanings of "the body" in German history, including an account of how the body has been handled at death, various uses of the body, (where she points out that the use of bodies and their parts for healing is not a new phenomenon), German funeral customs, and the unique history of the body under National Socialism. This is followed by a discussion of legal notions of bodily integrity and new ways of regarding the relationships between

the body, technology, and the state. All of this provides a backdrop to an examination of the link between the social and political aspects of organ transplantation and its scientific and technical aspects, which is covered in part two.

The second part provides an in-depth study of procedures for the management of donors and distribution of cadaveric organs throughout Europe, drawing attention to the way regional political differences within Germany affect the procurement of organs and the medical profession's response to the public debate on transplantation. In this context Hogle recounts how the media in Germany provided sensational coverage of medical scandals during the past decade. First, was the Erlangen experiment in 1992, involving the postmortem ventilation of a woman in order to preserve the life of her fetus. The fetus aborted after six weeks, but during this time confusion reigned over the meaning and diagnosis of brain death, and the incident evoked memories of Nazi medical experiments. The second scandal followed media revelations in 1994 concerning the routine selling of tissues from cadavers in hospitals, which intensified public distrust of doctors and a general feeling of powerlessness in the face of big industry, the state and the medical profession. Under headlines such as "Plundering the dead", the media published photographs of piles of bones, artificial hip joints and large containers of human brains, resembling the piles of human hair, bones, etc, displayed when the concentration camps were liberated. The third scandal recounted by Hogle involved revelations about the use of human cadavers as crash test dummies, which was sensationally reported in 1998. Each scandal emerged with a barrage of media coverage. According to Hogle, reaction to these stories was informed and influenced by the history and memory of National Socialism and it is partly this history and memory that has been responsible for the decrease in organ donation, in Germany, by relatives throughout the 1990s, which contrasts with other European countries and the US. Throughout her extensive surveys and interviews with German medical personnel, Hogle notes, however, that the essential characteristic of German organ procurement practices is the "need to preserve an image of not violating the dead" (page 196).

This is an extremely well researched book and is one of the first serious

attempts to understand the complex variations in ethical attitudes to the dying and the newly dead in contemporary Europe.

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The Patient Self-Determination Act: Meeting the Challenges in Patient Care

Lawrence P Ulrich, Washington, Georgetown University Press, 1999, 351 pages, £46.75.

This is an extremely readable and interesting contribution. The author takes the reader through the Patient Self-Determination Act in some depth, but doesn't make any attempt to look at its provisions in real detail. This cannot be taken as an omission, as the purpose of the book is to explore the principles underpinning the legislation and to explore its ethical content.

In that respect, this is a very interesting exercise. On one view, the Patient Self-Determination Act did very little to change the current law in the United States. The legislation is designed primarily to ensure that on entrance to any federally funded facility, patients are made aware of the facility's policy on advance directives and withholding and withdrawing treatment. Thus, the legislation does not directly tackle whether these policies are appropriate, but rather it makes a contribution to the information which all patients will have when they make a decision about which facility to enter, and also it may encourage them to take account of these policies in their participation in their own health care. Ulrich reads the legislation as making a significant contribution to the rights of patients to self determination, as well as making the informed consent process more meaningful. To an extent his views on this could be taken as aspirational rather than necessarily real. None the less, the way he reveals the capacity of the legislation to achieve these goals makes for a very interesting analysis of the ethical, social and legal background to the legislation.

In leading us to the conclusion that one ancillary, but in his view, beneficial, outcome of the legislation might be a move towards the assessment of

what is a "reasonable patient", Ulrich—in a very readable manner—explores fundamental principles of medical ethics and explains the extent to which these are met by the terms of the act. This is a very readable book, although it's tempting to suggest that it may be a little overenthusiastic in terms of what this legislation can achieve. None the less, if read by health care providers it should point them towards the rationale for the legislation and remind them of its potential importance.

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Palliative Care Ethics: a Companion for all Specialties (2nd ed)

Fiona Randall and R S Downie, Oxford, Oxford University Press, 1999, 305 pages, £21.95 (pb).

The main purpose of a book review is to convey to the reader the essence of the book's content, thereby facilitating an assessment of its relevance for specific interests. Book titles alone are usually inadequate and/or misleading and sub-titles are used to be more informative. In this case, the subtitle, *A companion for all specialties*, is not only relevant but incredibly important. Without it, the book might easily be ignored by those who neither work nor have a special interest in palliative care, and more particularly in the care of dying patients. The target readership for this book is very much wider than that. The authors, one a consultant in palliative medicine and the other a professor of moral philosophy, have produced a profound treatise on many aspects of health care by raising ethical issues which permeate all specialties.

In their preface, they present a rough outline of their book, which is divided roughly into three parts. Chapters 1-5 are the more general and express a basic philosophy of palliative care. Chapters 6-12 deal with a range of clinical topics and chapters 13 and 14 raise wider and more challenging philosophical issues. This is not so much a textbook on ethics as a springboard for discussions, seminars and other small group activities which aim to stimulate thinking. Mixed groups, representing various specialties, including lay carers, would benefit enormously from using

this resource. As the authors themselves say, it is often the collaborative dimension, the need for teamwork, which poses the most interesting and important ethical challenges.

This is the second edition of the book, just three years after the first and it has already had two reprints. This edition is the result of feedback from readers and the responsiveness of the authors to changes in the delivery of health care and in consumer expectations, most of which seem to have some ethical implications.

Three significant changes have been made. In the first place, the subtitle has been amended from *A good companion to A companion for all specialties*, which is more descriptive of the book's potential. Secondly, three new chapters have been added. They are: The relative-professional relationship, chapter 3; Reply to critics, chapter 13, which discusses emotional care and patient autonomy and touches on euthanasia, and Quality and value of life, chapter 14. The third change in this new edition is the introduction at the start of each of its 14 chapters of a brief literary quotation, which focuses one's mind on the underlying philosophical issue.

The successful partnership of a clinician and philosopher in writing this book demonstrates the benefits of such collaboration and the bringing together of different modes of thought. The same benefits also find expression in the many examples from the real world of caring which illumine the pages of the text.

In his foreword, Dr Derek Doyle expresses his satisfaction, which I share, that the authors focus on daily ethical issues and problems, such as information giving and confidentiality etc and not on the dramatic ones. Their work is truly reality-oriented and shows due regard to the ever pressing problem of limited resources.

This book represents a superb addition to the literature on health care ethics. It demonstrates the need for experience, wisdom, common sense, sensitivity and professional integrity, all of which are ingredients of a high quality service, though rarely amenable to quantitative measures.

The authors deserve our gratitude and serious attention. I have no hesitation in recommending their book to every person who has the responsibility and privilege of giving any form of health care to another.

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